

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re. Patent Application of: Leo Burrell

1-30-2004
Filed: Simultaneously Herewith

Serial No: 10 769 031

For: Contoured Stringed Musical Instrument

Atty. Ref. No.: 151PA0102

Commissioner for Patents
M.S. Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner:

Group Art Unit:

2837

RW
8-24-04

Dear Sir or Madam:

PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.101 (a)

It is respectfully requested that the patent application identified above be made special pursuant to 37 CFR § 1.101 (a) and § 708.02 of the Manual of Patent Examining Procedures (MPEP). The basis for this Petition is that the applicant/inventor, Leo Burrell, is over the age of sixty-five (65) years, and therefore, qualifies for the designation. In support of this Petition to Make Special, the applicant hereby submits an Affidavit by Inventor Leo Burrell, which in turn references a photocopy of Mr. Burrell's birth certificate, showing his birth date to be November 6, 1935. The applicant requests that these materials be incorporated by reference to this petition.

In keeping with 37 CFR § 1.102 (c), no fee is required for a Petition to Make Special on

Accepted #
771 394

grounds of the applicant's age.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert R. Waters", written over a horizontal line.

ROBERT R. WATERS, ESQ.
REG. NO. 43,241
WATERS LAW OFFICE, PLLC
633 SEVENTH STREET
HUNTINGTON, WV 25701

PETITION TO MAKE SPECIAL UNDER 37 CFR §1.101 (a)

AFFIDAVIT OF INVENTOR LEO BURRELL

I, Leo Burrell, hereby declare that I am a citizen of the United States of America, and that my residence and post office address are as stated next to my name at the bottom of this page. I hereby attest that I am over the age of sixty-five (65) years, as evidenced by my birth certificate which is attached to this Affidavit. I hereby attest that the enclosed birth certificate is a true and accurate photocopy of my original birth certificate, and I am the person identified in that birth certificate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful or false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: Leo Burrell

Date: Jan 29, 2004

Residence: 1919 MADISON AVE., HUNTINGTON, WV

Citizenship: USA

Inventor's signature: Leo Burrell

STATE OF WEST VIRGINIA,

COUNTY OF Cabell:

The foregoing instrument was acknowledged before me this 29th day of January, 2004.

My commission expires October 17, 2006.

Sandra L. Hand

NOTARY PUBLIC

PLACE OF BIRTH
County of Washtenaw
Township of Pittsfield
or
Village of _____
or
City of _____

MICHIGAN
DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF BIRTH

State Office No.
81 5430

Registered No. 15

(No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Leo Leroy Burrell If child is not yet named, make supplemental report as directed

Sex of Child male Twin, triplet, or other? X and Number in order of birth X Legitimacy yes Date of Birth Jan 19 1935 (Month) (Day) (Year)

FATHER Full Name Bury Alfred Burrell MOTHER Full Maiden Name Jene Lavona Cobb

Residence (P. O. Address) Ann Arbor Route 6 Residence (P. O. Address) Ann Arbor Route 6

Color or Race White Age at last Birthday 23 (Years) Color or Race White Age at last Birthday 19 (Years)

Birthplace Canton Center Mich Birthplace Washtenaw County Mich

Occupation (And Industry) Cement finisher Occupation (And Industry) Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn)

Have eyes of child been treated with one and one-half per cent solution of silver nitrate as required by law? yes (Signature) Thos W. Patton Dated 11/12 1935 (Attending physician, midwife, nurse, etc.)

Given or christian name added from a supplemental report _____, 19____ Address _____ Filed Nov 21 1935 Registrar

Was there any serious malformation or defect? _____

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan

CERTIFIED BY:

November 19, 1997.

Carol V. Getts

Carol V. Getts
State Registrar

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